FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROV	AL
OMB Number:	3235-0076
Evniros	May 21 2002

hours per response

May 31, 2002 Estimated average burden 16.00

SEC USE ONLY				
Prefix	Serial			
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DATE RE	CEIVED			
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Name of Offering (Check if this is an amendment and name has changed, and indicate change.) SHOSHONE PARTNERS, L.P. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Rule 4(6) EULOE Type of Filing: New Filing Amendment Name of Issuer Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) SHOSHONE PARTNERS, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 485 Underhill Boulevard, Syosset, NY 11791 (516) 364-0303 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (516) 364-0303 Brief Description of Business To operate as a private investment fund Type of Business Organization Elimited partnership, already formed Corporation Elimited partnership, to be formed Corporation Dusiness trust Climited partnership, to be formed Corporation C		
A.BASICIDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) SHOSHONE PARTNERS, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 485 Underhill Boulevard, Syosset, NY 11791 (516) 364-0303 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 485 Underhill Boulevard, Syosset, NY 11791 (516) 364-0303 Brief Description of Business To operate as a private investment fund Type of Business Organization Corporation Elimited partnership, already formed corporation or Organization: Month Year EActual Estimated Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdictions) D E	• • • • • • • • • • • • • • • • • • • •	
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1. Enter the information requested about the issuer Name of Issuer (□check if this is an amendment and name has changed, and indicate change.) SHOSHONE PARTNERS, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 485 Underhill Boulevard, Syosset, NY 11791 (516) 364-0303 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 485 Underhill Boulevard, Syosset, NY 11791 (516) 364-0303 Brief Description of Business To operate as a private investment fund Type of Business Organization □corporation □corporation □limited partnership, already formed □business trust □limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: □Corporation or Organization: □C	Type of Filing: □New Filing ■Amendment	// JAN 1 3 2005
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Brief Description of Business To operate as a private investment fund Type of Business Organization Corporation Dusiness trust Dimited partnership, already formed Dusiness trust Month Year Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: Nonth Year Actual Destimated Destimated CN for Canada; FN for other foreign jurisdictions) DESTIMATED DES	Address of Principal Business Operations (Number and Street, City, State, Zip Code) Teleph	one Number (Including Area Code)
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□ corporation □ limited partnership, already formed □ other (please specify): □ limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: □ Month Year □ Actual □ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdictions) □ E	To operate as a private investment fund	1116
□ corporation □ limited partnership, already formed □ other (please specify): □ limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: □ Month Year □ Actual □ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdictions) □ E	Type of Business Organization	
Actual or Estimated Date of Incorporation or Organization: Month Year	□corporation ☑ limited partnership, already formed □other	
Actual or Estimated Date of Incorporation or Organization: O 6 0 2	□ business trust □ limited partnership, to be formed	
CN for Canada; FN for other foreign jurisdictions) D E	Actual or Estimated Date of Incorporation or Organization:	■Actual □Estimated
CENEDALINCTIONS	GENERAL INSTRUCTIONS	nenons) DE

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and ma 	naging partner of	of partnership issuers.			
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	□Executive Officer	□Director	☑General and/or Managing Partner
Full Name (Last name first, if Knott Partners Managemen		anaval Partnar? or "	7 D 2)		
Business or Residence Address 485 Underhill Boulevard, Sy	ss (Number and	Street, City, State, Zip			
Check Box(es) that Apply:	- 100 Aug 100 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second of th	☑Principal of the G.	P. □Director	☐General and/or Managing Partner
Full Name (Last name first, if Knott, David M.	individual)				
Business or Residence Address 485 Underhill Boulevard, Sy	and the second of the second o		Code)		
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	☐Executive Officer	□Director	☐General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip	Code)	·····	
Check Box(es) that Apply:	□Promoter	□Beneficial Owner	□Executive Officer	□Director	☐General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	☐Executive Officer	□Director	☐General and/or Managing Partner
Full Name (Last name first, it	individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	□Promoter	□Beneficial Owner	[®] □Executive Officer	□Director	☐General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	□Promoter	□Beneficial Owner	□Executive Officer	□Director	☐General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
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1 Has th	a iccular co	ald or does	the issuer	intend to s	ell to non	accredited	investors i	n this offer	ring?			Yes	No 🗷
i.nas ui	ie issuei sc	ola, or aces		Answer als	•				•			ш	
2 Wha	ot is the mi	nímum inv	estment that		• •	•	•	ing under C	LOL.	\$ 1.0	00,000		
2. WHO	it is the ini	iiiiiiuiii iiiv	estinent the	at will be a	ecepted Ire	nn any ma	ividuai:			φ <u>1,0</u>	00,000	Yes	No
3. Doe:	s the offeri	ng permit	joint owner	ship of a s	ingle unit?							X	
sion be li nam	or similar : sted is an a e of the bro	remunerati Issociated p ker or deal	nested for e on for solic person or ag er. If more tion for tha	itation of p gent of a br than five (£	ourchasers it oker or dead of the contract of	n connection aler register to be listed	on with sale red with th	es of securite SEC and/	ties in the o	ffering. If a tate or state	person to es, list the		
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N/A													
	s or Reside	ence Addre	ss (Numbe	er and Stree	et, City, Sta	ate, Zip Co	de)			-			
Name o	f Associate	ed Broker o	or Dealer				· · · · · · · · · · · · · · · · · · ·	.					
States in	Which D	ercon Listo	d Has Solid	oited or Int	ands to So	ligit Durche	noors						,,,,,,,
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	me (Last n	ame first, i	f individua	ıl)									
N/A												<u>.</u>	
Busines	s or Resid	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ate, Zip Co	de)						
Name o	f Associat	ed Broker	or Dealer		<u>,</u>			,	<u></u>				_
States in	n Which P	erson Liste	d Has Soli	cited or Int	ends to So	licit Purcha	asers						
(Check	k "All State	es" or chec	k individua	al States)			,					JAll Sta	tes
[ÅL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
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N/A	iii (Dast ii			·)									
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States in	n Which P	erson Liste	d Has Soli	cited or Int	ends to So	licit Purcha	asers						
(Checl	k "All Stat	es" or chec	k individua	al States)							C	JAll Sta	tes
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[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO [PA]	
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,

	Type of Security	Aggregate Offering Price	۵.	Amount Already Sold
	Debt	\$ -0-	5	\$0-
	Equity	\$ -0-		\$ -0-
	□Common □Preferred	Ψ		Ψ
	Convertible Securities (including warrants)	\$ -0-		\$ -0-
	Partnership Interests.	\$500,000,000	-	\$204,505,000
	Other (Specify)	\$ <u>-0-</u>		\$ -0-
	Total	\$500,000,000	į	\$204,505,000
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>		<u> </u>
C	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number of Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	45		\$ 204,505,000
	Non-accredited Investors			\$0-
	Total (for filings under Rule 504 only)	<u>N/A</u>		\$N/A
s F	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months perior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	_		
	Type of offering	Type of Security N/A		Dollar Amount Sold N/A
	Rule 505		-	
	Regulation A	N/A	-	\$ N/A
	Rule 504	<u>N/A</u>	-	\$ <u>N/A</u>
	Total	<u>N/A</u>	-	\$N/A
5	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure s not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees.			\$
	Printing and Engraving Costs		×	\$_10,000
				·
	Legal Fees		×	
	Legal Fees		X	\$_60,000 \$_30,000
				\$_60,000
	Accounting Fees		×	\$_60,000
	Accounting Fees Engineering Fees		×	\$_60,000

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5. In fe	puestion 1 and total expenses furnished the "adjusted gross proceeds to the issu- adjusted below the amount of the adjusted or each of the purposes shown. If the a and check the box to the left of the est	ed gross proceeds to the issuer used or propose mount for any purpose is not known, furnish timate. The total of the payments listed mu	difference is ed to be used an estimate	\$ <u>499,900,000</u>
fo a	or each of the purposes shown. If the a nd check the box to the left of the es	mount for any purpose is not known, furnish timate. The total of the payments listed mu	an estimate	
		t forth in response to Part C - Question 4.b a	st equal the bove.	
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			
	Purchase of real estate			
	Purchase, rental or leasing and insta			
	Construction or leasing of plant bui	\$	_	
	offering that may be used in excha	cluding the value of securities involved in nge for the assets or securities of another is	ssuer	□\$
	Repayment of indebtedness	—		
	- ·	ПФ		
	Working capital	Пе	<u> </u>	
	Other (specify): Portiono Acquisin	<u>on</u>		
	Columns Totals		□\$	⊠ \$ <u>499,900,000</u>
	Total Payments Listed (column total	ıls added)	x	\$ <u>499,900,000</u>
		D. FEDERAL SIGNATURE		
follo	wing signature constitutes an undertak	e signed by the undersigned duly authorized ting by the issuer to furnish to the U.S. Secued by the issuer to any nonaccredited investors	rites and Exchange Commiss	ion, upon written
Issue	r (Print or Type)	Signature	Date	
Shor	hone Partners, L.P.	Thich Day Oil h.	January 11, 2005	
	e of Signer (Print or Type)	Title of Signer (Print or Type)	January 11, 2003	
Rich	ard Guidice Jr.	Attorney-In-Fact		

ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)